MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

serial no. 10/535280 FILING DATE

APPLICANT(S)

\overline{CL}	A	$\overline{\mathbf{I}}$	V	9
-	_			N

	AS F	ILED		TER NDMENT	AFT	
ŀ	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5		ļ				
6		<u> </u>				
7				-		
8						
9 10						
11			-	-	-	
12						
13						
14						
15	-					
16				\vdash		
17						<u></u>
18						
19						
20						
21			-			
22		<u> </u>				
23						
24					-	
25						
26						
27						
28						
29						
30						
31_						
32						
33						
34						
35			-			
36						
37		† — —				
38						
39			_			
40						
41	. ,					
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL			1.[
IND.		▼	_7	 ▼ 		-
TOTAL			3.5	<u>_</u>		4
DEP.		_	\mathcal{I}	7		_
TOTAL		9 · ·	39	24. 4		
CLAIMS						